

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SP</i>	<i>32</i>	<i>8-5-01</i>
O.I.P.E. CLASSIFIER	<i>12</i>	<i>1019</i>	<i>6/18</i>
FORMALITY REVIEW			<i>07-30-01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
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14	✓	✓	✓
15	✓	✓	✓
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25	✓	✓	✓
26	✓	✓	✓
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50	✓	✓	✓

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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